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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000073961 1. Corporation Name

RICHIE FARAONE'S, INC.

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90146 027 ***150.00



Principal Pace of Business 2845 25TH AVENUE N. 2845 25TH AVENUE N. ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/24/1998 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For Not Applicable 21 26 \$8.75 Additional Suite, Apt, #, etc. Suite, Apt. #, etc. Fee Required 27 22 City & State \$5.00 May Be City & S:ate 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees-28 Country Zio Country 8. This corporation owes the current year intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent WORTHY, KIM Street Acdress (P.O. Box Number is Not Acceptable) 82 2845 25TH AVENUE N. ST. PETERSBURG FL 33713 83 84 City 85 Zip Code FI 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent, and title if applicable. (NOTI:: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change ☐ Addition ☐ DELETE TITLE 1.1 TITLE WORTHY, KIM 1.2 NAME NAME 2845 25TH AVENUE N. 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33713 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ DELETE TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further curtify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CR2E034 (11/98)